



PATIENT

Mo "Tiny" Kieley

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

11 Years

WEIGHT

5.03 lbs

INTERPRETED BY

R. McKenzie Daniel,
DVM, DABVP
(Canine and Feline)

IMAGING PERFORMED BY

Dr. Vincent Tavalla

HOSPITAL NAME

Williamsburg
Veterinary Clinic

REFERRING VET

Dr. Vincent Tavalla

INVOICE

75219

DATE

5/18/26

PRESENTING CLINICAL SIGNS

Patient established care at clinic today. Symptoms started in October, 2025 - Ravenous appetite without weight gain (patient is stealing food off the counters). Chronic diarrhea. Episodes of pain where patient arches back and vocalizes. No change with GI diets (patient rejected food), metronidazole, or solensia.

Abnormal PE/Chem/CBC/UA Results: PE: No evidence of pain on orthopedic or neurologic exam. Underweight - BCS 3/9 Radiographs (from PDVM): full stomach. Gas in intestines. Chem (from pDVM): All values wnl CBC (from pDVM): All values wnl T4: submitted today - pending

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra to a depth of 2.0 cm exhibited normal thickness and tone. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were not visible which is normal. No evidence of inflammatory or neoplastic changes were noted.

The area of the aortic trifurcation was free of pathology.

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio was maintained. The medulla and cortices were uniform in texture with some increased echogenicity and loss of corticomedullary symmetry and definition expected for the age of the patient. No evidence of pelvic dilation was present. Left kidney measured 3.0 cm. Right kidney measured 3.3 cm.

Adrenal Glands

The adrenal glands were uniform in size and contour with a uniformly hypoechoic parenchyma. Left measures 0.37 cm. Right measures 0.44 cm.

Spleen

The spleen exhibited a finely textured and homogenous parenchyma which was hyperechoic to the liver and renal cortical parenchyma. The capsule was smooth and regular without apparent expansion. The splenic vasculature at the hilus was normal in volume with no evidence of congestion or thrombosis. Acute to chronic inflammatory, neoplastic, or benign parenchyma changes were not noted.

Liver

The liver was subjectively normal in size, structure, and contour. The liver parenchyma was uniform and hypoechoic to the spleen with a mild coarse echotexture. The hepatic and portal vasculature were normal in appearance without signs of congestion. The gallbladder was non-distended in size with thin walls and primarily anechoic luminal content. The cystic and common bile ducts were normal.

Gastrointestinal

The stomach presented intact wall layering with a normal wall layer ratio. The stomach exhibited moderate distention with retained echogenic fluid and chyme. No overt obstruction to pyloric outflow. Pylorus wall measured 0.20 cm.



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The small intestine presented overall intact wall layering with non-thickened wall and maintained wall layer ratio. Subjective propensity for mildly prominent duodenojejunal submucosal layer and subtle hyperechoic intestinal mucosal speckling. Duodenum wall measures 0.22 cm. Jejunum wall measured 0.20 cm. Ileocolic wall measured 0.31 cm. The lumen of the small intestine was empty with no signs of ileus, obstruction or foreign material.

The colon walls presented intact yet prominent wall layering with mild thickened to echogenic submucosa. The colon was non-distended with soft fecal matter in the lumen.

Pancreas

The left pancreas was normal in size with capsule asymmetry and heterogeneous remodeled parenchyma. Mildly prominent pancreatic duct noted.

Free Abdomen

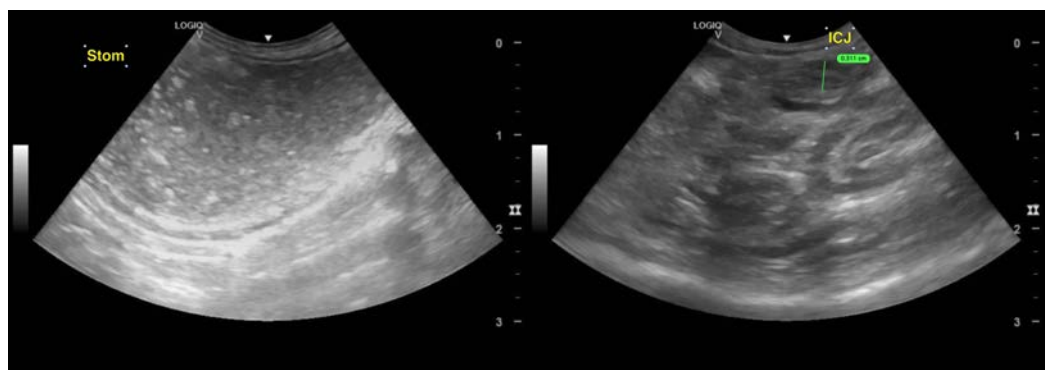
No overt lymphadenopathy or peritoneal effusion was present.

ULTRASONOGRAPHIC FINDINGS

- Chronic colitis and suspect chronic enteropathy.
- Chronic pancreatitis with remodeling.
- Mild chronic renal changes.
- Hypomotile stomach with retained non-shadowing fluid/chyme.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Chronic inflammatory versus infectious enterocolonopathy combined with chronic pancreatitis. Potential for Triaditis despite lack of hepatobiliary sonographic abnormalities or reported hepatic enzyme elevations favored. Minor potential for emerging or occult enterocolic neoplasia thought less likely. GI panel to include PLI, TLI, cobalamin and folate and diarrhea PCR panel suggested. Empirically, cobalamin supplementation, empirical deworming, Panacur SID for 7-10 days despite fecal testing, dietary trial such as higher fiber diet, WD or fiber supplementation hydrolyzed diet with high colony count probiotics such as Provable or similar may prove beneficial. Concurrent assessment of caloric plane for competitive eating environment, if clinically indicated, is recommended. Biopsies likely required for definitive diagnosis. Empirical IBD/Triaditis protocol may be considered if biopsies are not possible and pending monitoring of clinical response to suggested supportive care.





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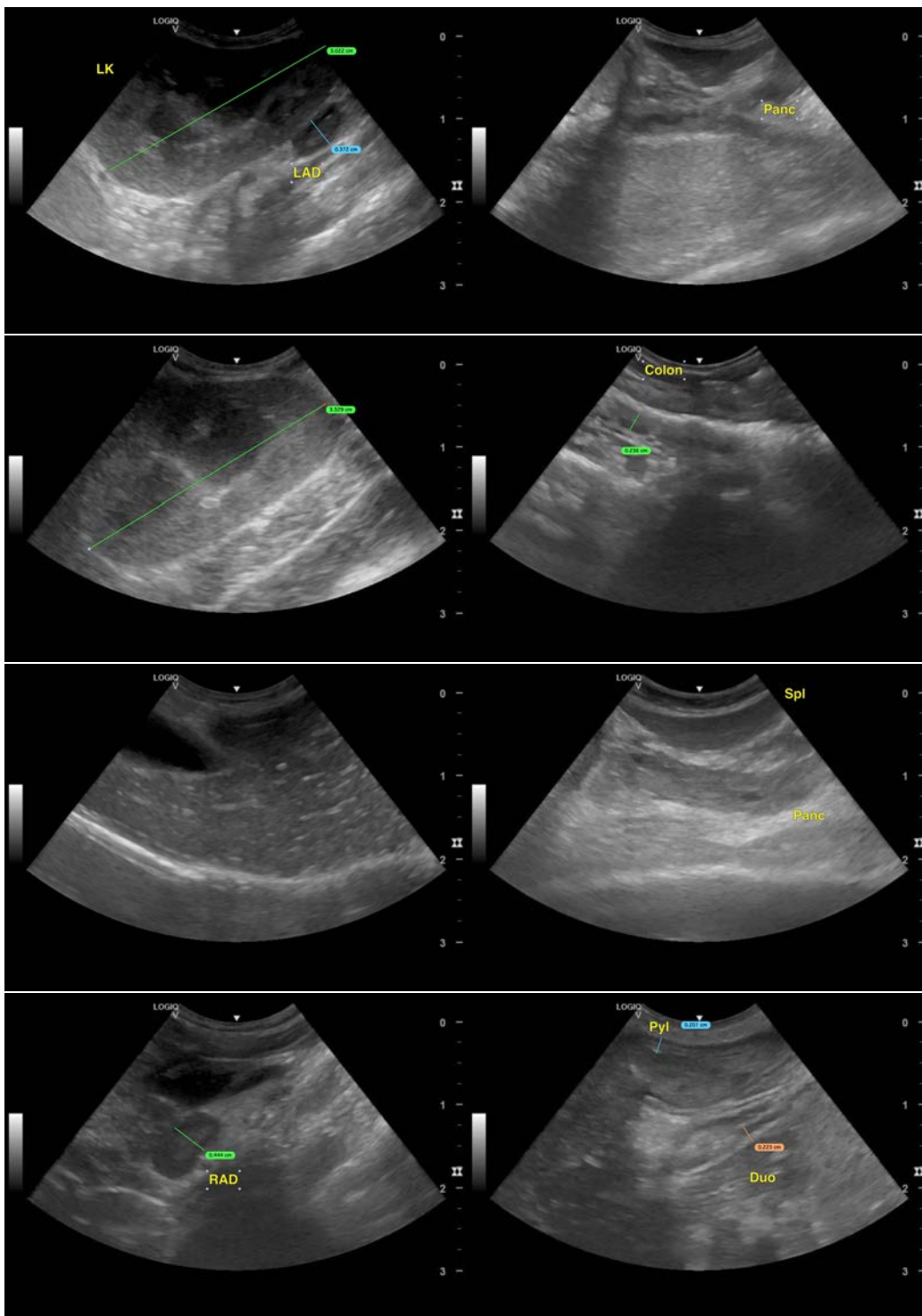
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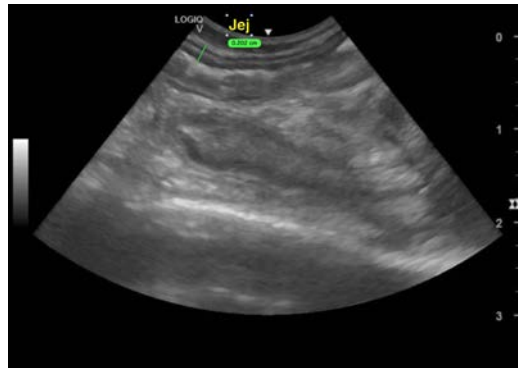
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The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)

info@SonoPath.com